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The commodification of social reproduction: A view of global care chains from a migrant-sending country

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ABSTRACT

What is driving the commodification of social reproduction in Ghana? Perhaps it is a natural consequence of the expansion of a powerful capitalist system into even more areas of the life world, as work on global capitalism suggests. Perhaps it is due to female international migration, creating care deficits in the country of origin, as the theory of global care chains suggests. This article shows that commodification is driven not only by transnational migration, but is also a response to local social conditions and historical traditions of care, such that the expansion of capitalism is not a natural force, but becomes naturalised and normalised through local adaptations. Although urban and international migration play a role, so too do changes in women's ability to balance their individual advancement with care labour, changes in the meaning and practices of kinship, and long-standing histories of informal recruitment of labour into households that can easily become more commodified. This article examines the commodification of social reproduction and the effects of such commodification, phenomena which are not always seen as requiring explanation because of the linear narratives of ever-expanding capitalism and the changes wrought by modernization.

1. Introduction

Ghanaians expressed surprise at my research on paid elder care in Ghana. Particularly if they were young, Ghanaians would respond in a way that I heard again and again: "We take care of our older people, unlike you"—foreigners—"who put"—or sometimes, throw away—"your older adults in a nursing home." In other words, they would deny the existence of paid elder care in Ghana, and thus the topic of my research, by asserting its Westernness. That Ghanaians used elder care as a national or ethnic boundary marker was not surprising (Thelen 2021); kin care was also the orthodoxy promoted by the state with similar justifications (Coe 2021, Van der Geest 2016). These standard responses illustrated the significance of paid elder care in Accra. Over the past twenty-five years, private companies have popped up which offer home care services and residential facilities to older adults, particularly those who are sick or frail (Coe 2017). The presence of these agencies and care homes suggested that care, previously provided by kin, was being commodified. Not only did they imply that Ghana was becoming more Westernised, the concern of ordinary Ghanaians in response to my research topic, but also, more broadly, that global capitalism was infiltrating the Ghanaian family and resulting in changes in gender relations, shifting responsibility from female kin to poorer women who are socially distant. These processes are not always seen as requiring explanation, because commodification is seen as a straightforward development in a linear narrative towards modernisation (Boisot & Child 1996, Williams 2005). This paper interrogates why social reproduction was being commodified in Ghana, despite official and popular attestations about the prevalence of kin care as inherently Ghanaian.

Commodification refers to making something a commodity, that is, something which can be bought and sold easily, making its exchange profitable. Colin Williams offers three necessary elements in his definition of commodification: "Commodified work… is composed first of goods and services produced for exchange; second of monetised exchange; and finally of monetised exchange for the purposes of profit" (2005, 14). Commodification implies that the practice or object was previously provided through non-market means, such as through kinship obligations or another kind of belonging that gives a person the right to goods, land, or services, and thus is taken as a key sign of the spread of global capitalism. The West is often associated, in triumphalist fashion since the 1990s, with having the fullest expression of capitalism and thus the most commodified relations, even though a fair amount of the daily labour of individuals in Western societies is oriented to unpaid activities of social reproduction, from highly intimate sexual, health, and care activities to less intimate cooking, cleaning, and general

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household and personal maintenance (Williams 2005, Yeates 2005).

Historically, capitalism has spread unevenly, as studies of commercial agriculture have indicated, resulting in hybrid and heterogeneous forms of production. Martin Murray has noted about capitalism in colonial Vietnam, "The vital point is that noncapitalist forms of production were articulated into capitalist forms of commodity circulation without themselves necessarily being—or becoming—strictly capitalist enterprises' (1980, 492). In his study on Northern Nigeria, Michael Watts builds on Murray's work: "syncretism resulted in the emergence of hybrid forms of production, a heterogeneity of forms of household reproduction, and an uneven transition toward capitalism" (1983, 21). Through this uneven process, a smallholder farmer became a commodity producer. Similarly, Tania Murray Li (2014) analyses the way land became commodified quite rapidly in the Indonesian highlands over two decades, through the production of the commodity crop of palm oil, resulting in a new phenomenon of landless farmers. I extend these arguments based on the commodification of production to social reproduction, as in the case of elder care. The growth of paid elder care in Ghana suggests that social reproduction in Ghanaian households was becomingly increasingly commodified, by Williams' definition.

As Silvia Federici (2021) notes, Marx's analysis of capitalism in nineteenth-century Britain ignored the domestic labour of women and did not examine how women's labour was central to the exploitation of labour in general. For feminists in the West, the valences associated with paid and unpaid care labour are quite different from scholars analysing capitalism. The unpaid labour of women in ensuring care is often considered to be contributing to their low status in the wider society. Such an analysis often focuses only on white, middle-class women in Western countries, who participate in formal, paid work more than they did fifty years ago. Yet one solution to this problem—women's employment—leads to the commodification of domestic work, as women with means hire other women to take care of children and other relatives, clean, launder, and cook in their stead. Often such labour is done by migrant women who are racialised, creating relations of domination and subordination between women in households (Glenn 1992, Rollins 1985). The commodification of care has been studied either in the context of female global migration (e.g., Constable 2009) or regarding state payments for care services (e.g., Ungerson 2000), focusing more on its effects, rather than the processes that led to commodification.

The two literatures concerned with paid care work—one focused on the spread of global capitalism and the other on the feminisation of domestic work—were brought together in Arlie Russell Hochschild's elegant theory of global care chains (2001), which argued that the commodification of care in the West, through the employment of migrant female care workers, has created a care deficit in the countries from which migrants came, thus expanding the commodification of care in migrant-sending countries. This theory seems relevant to Ghana, which has a relatively high rate of international emigration for an African country. It is estimated that between three and seven percent of Ghana's population has migrated abroad (Twum-Baah 2005, World Bank 2011). Two-thirds of Ghanaian migrants travel elsewhere in the West African sub-region, with women representing about 40% of international migrants (International Organisation of Migration 2009). Middle-class urban households, and many households in smaller towns in southern Ghana, have at least one family member abroad. Elder care, and nursing more generally, has become a niche employment sector for Ghanaian immigrants in the United Kingdom and the United States, the most common destinations for Ghanaians outside of West Africa (Twum-Baah 2005). Studies of migrants from Ghana illustrate the importance of remittances in the care of their parents, through providing them with housing or a source of income (Mazzucato 2008). Thus, the degree of transnational migration from Ghana and the employment of female migrants in care work abroad suggests that the emergence of a care market in Ghana may be due to the international migration of women who remit cash that enables families to replace their kin care with paid caregiving. I assess the theory of global care chains further below, in understanding why paid care emerged in Ghana. Ultimately, I argue that the commodification of care—in which family members no longer provide care themselves, but instead pay others for it—is driven not only by the loss of unpaid care labour through the out-migration of women, but instead by broader changes in women's paid employment, changes in kinship relations which have narrowed the potential sources of caregivers, and adaptations of informal recruitment of labour within households. This context has put pressure on all households to provide care; those with more financial assets such as remittances through international *and* urban migration choose to outsource elder care to paid caregivers as a result of those pressures.

2. Assessing global care chains

Hochschild's theory about global care chains (2001) is based primarily on her then-graduate student Rhacel Salazar Parreñas's empirical research on Filipina migration (see Parreñas 2012). Emphasising the role of individuals in creating global connections and the local manifestations of globalisation, Hochschild described a global care chain as "a series of personal links between women across the globe based on the paid and unpaid work of caring" (2001, 131). Essentially, her argument is that with the entry of middle-class women into the workforce, time-stressed households in the Global North turned to paid caregivers, rather than male kin, for the unpaid labour of social reproduction. These paid caregivers are primarily immigrant and racialised women, from the Global South, who abrogate their own unpaid care responsibilities to care for others for pay. The caregivers therefore rely on others to provide care in their stead, sometimes using other paid caregivers, particularly rural, poorer women. The global care chain thus generates emotional surplus value which is realised by the household in the Global North, to the detriment of the care needs of the members of the caregiver's household who remain behind. The Global South becomes a place of care deficits, while emotional profits accrue to the Global North and the recipients of migrant care. Parreñas herself called this same process the international division of reproductive labour (2000) and, later, care resource extraction (2004), both of which seem to be terms more appropriate than global care chains for the process described.

Since the first articulation of the theory of global care chains, it has been immensely popular in the literatures on paid care work in the Global North and female migration, because it is a way to highlight global inequalities and the costs of global migration. It brings squarely into focus emotional labour, which most analyses of globalisation ignore (Boehm and Swank 2011). At the same time, the theory has received notable critiques. For example, Raghuram (2012) argues that other aspects of the care diamond—the market, the state, and civil society—are transnationalised as much as the household and should be studied in relation to the question of how globalization has affected the provision of care. Other scholars have similarly criticised that the state was ignored in the original theory (Spanger et al. 2017, Yeates 2005); it plays a key role in organising the geographic destinations of migrants and the benefits and risks of careworkers' migration, particularly in sending countries which have been exporters of migrant labour. Yeates' study on the migration of nurses (2009) more clearly illustrates the global extraction of resources, of human skill and educational capital through the brain drain, than does the migration of domestic workers who have usually worked in a variety of professional and semi-skilled jobs in their home countries but whose skills and experience go unrecognised in the host country, thus leading them to fall into poorly paid care work. Yeates (2009) more clearly underlined than Hochschild how the theory of global care chains relies on, yet differs from, global commodity chains.

Empirically, what research on transnational families shows is that instead of driving the commodification of care, the migration of women redistributes care among family members—from mothers to other women and girls, like the eldest daughters, sisters, or mothers of migrants—in diverse cases from Ghana, Sri Lanka, and Nicaragua (Coe

2013, Dankyi et al. 2017, Gamburd 2020, Yarris 2017). Existing institutions to provide care, like daycare centers and boarding schools, may also be utilised more substantially in the care of older children of migrants (Dankyi et al. 2017, Judge 2021). The redistribution of care can be burdensome to family members, but they can also use that burden to bolster their moral personhood and emotional and material bond to the absent migrant, thus securing their own survival in their older years (Dankyi et al. 2017, Gamburd 2020, Yarris 2017). This redistribution is part of reciprocal relations between migrants and their relatives, entailing financial remittances, housing, and other forms of assistance in addition, although these relations can also be strained and broken due to migration (Coe 2011, Drotbohm 2009). Thus, empirical studies of transnational families show not the growth of paid caregiving, but instead an intensification, and sometimes a transformation, of reciprocal kin relations in ensuring social reproduction across national borders. This is one reason why research of migrant-sending contexts is important.

The theory of global care chains further posits social change as occurring through the agency of women in the West who need help balancing reproduction and production. This focus builds on longer traditions of scholarship in which the West is the centre of history and instrumental in causing change globally. This orientation does not pay enough attention to the context of the sending country, and the ongoing historical changes in domestic life and kinship, including ongoing struggles and negotiations over care (points also made by Mazzucato & Schans 2011, Olwig 2014). It ignores the agency of migrating women in the Global South, focusing instead on their immiseration and victimhood (Raghuram 2012, Yeates 2012). Olwig (2014) argues that the global care chain concept overlooks intergenerational networks of care that give meaning and purpose to migrants' involvement in care extraction. Although Hochschild (2001) alludes to the history of domestic service in the United States, other studies tend to deploy global care chains ahistorically, ignoring the legacies of and continuities in domestic service in the West and in the countries from which migrants come. This theory thus exacerbates some of the blindspots in the literature of global migration more generally, in highlighting its newness and overemphasizing its role in generating social change.

As Hirsch (2003) argues in her study of changing expectations of romance in Mexico, we should not overstate the effect of transnational migration on changes in social norms, as these may be changing alongside, rather than because of, transnational migration. Much of the literature on transnational migration focuses on the social change it induces (Coe 2013). Initial scholarship posited major changes in family life, including in gender and parenting roles (Hondagneu-Sotelo 1994, Parreñas 2004). Later work tempered the impact of transnational migration by acknowledging the significance of changes in family life occurring independently of migration (Hirsch 2003) and of familial repertoires shaped by long-standing urban and regional migration trajectories, which households, individuals, and families adapt to the conditions of international migration (Coe 2013, Olwig 2007).

In general, the concept of global care chains needs to be modified so that households in migrant-receiving countries are not the sole engines of social change in care. The commodification of care is also driven by households in migrant-sending countries, which are trying to meet their changing care needs. I argue here that the growth of the care market in Accra is shaped by multiple factors, in which the care deficit driven by women being employed in care markets abroad plays a role, but is not the only cause of change.

In analysing this situation, I take inspiration from Watts' analysis of the transformation of peasant agriculture in Northern Nigeria (1983).. Watts was influenced by Murray's work on the expansion of global capitalism in Vietnam which discussed the hybridity and unevenness of the social changes that resulted. Following Murray, Watts argues that rather than capitalism demolishing peasant agriculture in one sudden swoop, there was a long period in which peasants accommodated and resisted capitalist relations. Existing social relations and forms of production transformed in heterogenous ways, rather than capitalism creating a "homogenous spread of commodity production" (Watts 1983, 22). Watts argues that the forms and extent of commodification are dependent on existing social relations of production and reproduction. Other work on capitalism in China and post-Soviet Europe also argue that capitalism takes hybrid forms, sometimes mobilising close networks in which trust can be maintained, rather than relying on abstract and impersonal laws to guarantee agreements (Bosiot and Child 1996, Oleinik 2004). Similarly, I argue that the emergence of the care market in Ghana arose because of three articulations with changes in existing social relations: women's labour practices, domestic service, and the narrowing of elder care responsibilities to adult children.[1] The emigration of women to perform paid care abroad contributed to the exacerbation of these articulations, and urban and international migration helped provide the financial resources to meet those needs through paid care.

3. Methods

The core of this research is based on participant observation between June 2013 to October 2019, twenty-eight weeks (or about seven months of research) over six years, in order to track changes in paid elder care over time. Longitudinal ethnographic research is somewhat rare; it allowed me to observe cultural changes over time. I adapted my research methods as new information became available; my methods were heterogeneous to capture the range of paid caregiving. My ethnographic fieldwork on the care market in Accra involved semi-structured interviews with seven owners of commercial nursing agencies, three owners of nursing homes, three of the nurse managers at agencies who directly supervised carers, eleven patients or the relatives of patients, and twenty carers, most of whom were employed by these agencies but two of whom I met independently (for a total of 44 interviews in urban areas). Some of the research participants who worked in the care industry were migrants or return migrants; many of the patients were the parents of a migrant, with a few who were also return migrants. Interviews were sourced through snowballing. These interviews were in English or Twi, according to the preference of the informant, but most were in English and lasted between an hour and an hour and a half. I conducted all interviews personally and did not require an interpreter for the interviews in Twi.

These interviews were supplemented with observations. I briefly visited twelve households which employed home carers. Sometimes I accompanied the nurse manager or owner on their supervisory or assessment visits, and sometimes I came on my own to spend an hour or two with the patient and carer. I visited two nursing homes briefly, spending a day there, and stayed a week in the largest and most stable one in 2018. I also attended two weeks of classes and three days of final exams at a school for carers run by a nursing agency, and attended a morning class at another school. These observations were bolstered by informal conversations with middle-class, urban older people and their children who were not using these services as well as interviews with government officials regarding aging and the senior care market.

The numbers of people served by the commercial services in Accra were small. The first home care agency started in Ghana about 25 years ago, in 1997. The emergence of other agencies thereafter, in the early 2000s, were part of wider processes of marketisation and privatisation of healthcare across Africa to serve wealthy and middle-class urban families (Dekker and van Dijk 2010). The four agencies I tracked from 2013 to 2019 were the biggest and most well-established agencies in Accra. Among those four, the smallest served under ten patients and employed twelve carers in 2019. In contrast, the largest and oldest served forty-five

[1] Other scholars working in Ghana might also cite the precarity of livelihoods and the distance of kin living from one another in the same urban area (Dankyi et al. 2017).

to sixty patients, with fluctuations over the six-year period. All the agencies struggled to maintain themselves, doing well during economic boom times and cutting back when either the local or global economy suffered. Even more insecure, small, and few in number were the care homes in operation in Accra. I visited four care homes, three of which went out of business during the period of my research. All had started in the 2010s. My research sites do not represent a small sample of the whole; instead, I estimate that I encountered close to the full universe of agencies offering home care services and nursing homes in 2015, perhaps missing a few small ones which had just started operating. In a city of 2.5 million, there were approximately 127,000 people over the age of sixty-five (Ghana Statistical Service 2012); and those served by agencies and in nursing homes at any one time numbered at most only about 200 clients. Although commercial care services might seem to be a small, perhaps insignificant phenomenon in Accra, interest and curiosity about these commercial services was high among middle-class, urban residents. Furthermore, paid care was emerging in the rural towns of the Eastern Region in Southern Ghana. Rather than relying on the expensive services of nursing agencies, families in rural areas, with urban connections, were turning to more informal means to acquire care labour, by taking in teenagers as foster children or hiring neighbours to provide elder care. For example, a retired primary school headmistress, disabled by diabetes, told me that all her friends in the town were hiring women to care for them, and she had done the same.

I primarily pursued the non-urban research in Akropong, where I have longstanding relationships dating back to my dissertation research of 1998–1999. I also encountered some through church activities organised for seniors. I primarily visited fifteen older people, both men and women, regularly over the six years (for a total of 59 research participants across urban and rural sites). Some of them were related to international migrants, but most were not, and there were far fewer connections to international migration than households I visited in Accra. All had children or siblings who were internal migrants to urban areas within Ghana. Once I realised that people were paying caregivers, I used snowball sampling to interview them and their patients, or their patients' relatives, interviews that lasted at least an hour and were conducted in Twi. I also visited patients, both independently and with the paid caregiver.

Thus, despite the small numbers of paid caregivers in Accra, there seemed to be a growing interest in hiring paid caregivers to support older adults across southern Ghana, which families were doing of their own initiative, if they had the means to do so. Drawing on the wide range of data collected, across diverse sites and through diverse means, this paper analyses why there was such interest across urban and rural areas, despite the prevalence of the orthodoxy of kin care. I argue that the growth of paid labour in providing elder care emerges out of three articulations, in which existing practices were adapted to accommodate women's labour, in both waged work and social reproduction. The emergence of paid care in the urban areas of Ghana as well as in the rural towns of the Eastern Region arises from the way that women's care responsibilities intersect with their (urban and international) migration and employment, changes in understandings of kinship, and current and historical forms of domestic service.

4. Women's migration, work, and care across the life course

When people talk about kin providing elder care, they are often referring to the labour of the eldest daughter, who is considered the ideal caregiver. In order to provide such care, she may be expected to return to the hometown to care for her aging parents, if she migrated in her youth or for marriage. Such care may mean that she has to give up her own work, whether paid employment or informal labour in trade or agriculture, and her marriage, if she is still married in late middle age. Her brothers, who may have convinced her to assume this role, are expected to send her remittances to support the household. Her own children may also send their children to live with her, to ease their own burdens of childcare in their work and migration; they are also expected to send remittances to the hometown household. The eldest daughter therefore fills "the care slot," as Leinaweaver (2010) discusses in the case of highland Peru, in which she takes care of the older and younger generations of the household simultaneously in the hometown.

One example of this comes from Yaa Ofosua.[2] A forty-three-year-old woman, Yaa Ofosua had traveled as a young woman from Akropong, like many other young women from the town: she had first apprenticed as a seamstress in the commercial town of Suhum, a few hours away by public transportation. There, she married and worked as a trader. Later, her husband died, and she became involved with another man in a more short-lived relationship. After that relationship ended, she returned home to take care of her mother, whom she described as having difficulty moving around and unable to prepare food or fetch water for herself. Yaa Ofosua was not happy about returning home to care for her mother, and she complained about how difficult it was to make a living in Akropong. She made clothing alterations occasionally and received firewood and other foodstuffs from working as a labourer for other farmers. She also worked on her own small plot, to which she was given access as a citizen of the hometown. Her mother ran a little bar in the house, and her brother sent money once in a while, but not enough. She scrimped and saved to pay her seven-year-old son's school fees. Ofosua wanted another one of her ten siblings to fill the care slot and take her place in looking after her mother, so that she could return to a more commercial town or city. She did not challenge the orthodoxy of kin care, but instead proposed shifting her position within it, in which another sibling would take her place.

For some women, the return home seems more voluntary, where the timing of personal circumstances, such as the end of the daughter's own work or marriage, coincides with an older person's need for care. The economically vulnerable welcome the social safety net of the hometown, where they can live in a family house without paying rent, have a small food farm to offset household expenses, and be supported by migrant relatives; for others, this is a considerable imposition. The return migrant's interpretation of her situation may fluctuate over time and be partially dependent on the degree of financial support she receives from her brothers, her children, and other relatives. Women are called upon to be flexible in their physical location because of their economic dependence and because they, along with children, are associated with the daily and practical tasks of providing care: cooking, cleaning, laundering, and marketing. The male eldercare role involves managing care, by sending remittances, visiting occasionally, and organising funerals (Coe 2017, Van der Geest 2002) -. It is out of similar frustrations to Ofosua's that women with more financial means hire another woman to provide care in their stead.

Another unhappy daughter providing care to her mother in Akropong was Mary Okromea. She lived with her aged mother and toddler grandchild, having returned to the hometown from spending most of her adult years in Kumasi, a major city in Ghana. She complained bitterly about the fact that she did not receive much financial support from her siblings and her children, including the parent of the grandchild who lived with her. Like Ofosua, she bemoaned the lack of economic opportunities in the town and hoped to migrate again. When I asked how she was surviving on the remittances she said she received, she told me that she was also providing care to a neighbour for pay. Okromea went by the neighbour's house twice a day to feed, bathe, and dress her. The neighbour was a bedridden older woman and former trader, two of whose children lived and worked in the nearby cities of Accra and Koforidua, a third being a mentally disabled daughter who lived with her. The working daughter was a teacher in a private school in Accra who was raising her three adolescent children as a single mother. Okromea's paid caregiving was helping two daughters: Okromea, who had fulfilled the expectation of returning to the hometown to care for her

[2] All names mentioned are pseudonyms.

mother and picked up paid caregiving as a side job to supplement kin remittances; and the patient's daughter, who could not leave her work and parenting responsibilities in Accra.

Adult daughters in the urban areas also sought out paid caregivers, whether through agencies or informally, because of their employment and resistance to returning to the hometown. An agency owner talked about one client with Parkinson's disease whose daughter hoped that with the employment of agency carers, "she could go out and have her life back." A professor described how her mother, debilitated by a stroke, would prefer her own children's care, but she told her mother that she was fifty years old and had a career she did not want to leave. Her mother alternated between living with the professor and her sister, both of whom had careers that caused them to spend significant portions of time outside the house and take numerous trips abroad annually. They hired paid carers from nursing agencies to help their mother twenty-four hours a day, paid for primarily by a third sister who lived abroad. In a third example, a daughter brought her mother from a village in the Western Region after she had a stroke, where she had previously lived with a foster child who was attending school. The mother lived in the daughter's house in Accra for several years before the daughter decided to pursue her master's degree and, because of the anticipated strain on her time, placed her mother in a care home, which is where I met her. The pursuit of master's degrees among middle-class and middle-aged men and women to maintain or improve their class positions has become common in Ghana, further leading to urban middle-class women's time constraints.[3] Thus, one local articulation that led to the use of paid caregivers was women who struggled to balance income-generation and social reproduction.

These new forms of elder care indicate a shifting of roles in which adult daughters do not provide personal care themselves but instead take on the role of their brothers, by paying other women to provide personal care. In rural areas, the carers were those living in the hometown, because of their own caregiving responsibilities or economic necessity; in Accra, they were women hired by the nursing agencies and care homes. Paying for care allowed adult children to feel that they were living up to their obligations to care for kin. Rather than a reversal of kin care, commercial care allowed them to meet the obligations to care for their kin. They were living up to the orthodoxy by becoming (male) care managers for their parents, and outsourcing the role of (female) care providers.

5. Changes in kinship: adult children as responsible for elder care

As noted above, it is adult children— that is, members of the nuclear family—who are given primary responsibility for the care of older adults. What makes this surprising is that the children of an older person may or may not be members of a family (*abusua)* in Ghana. In a matrilineal society, a man's children are not members of his *abusua*, whereas the children of his sisters are; the children of a woman *are* members of her family in a matrilineal society. The second articulation affecting the growth of paid care was the weakening significance of an older person's siblings, nieces, and nephews has shrunk the network of responsibility for elder care from "the extended family" to biological children (Aboderin 2006). The nucleation of "the family" in elder care is connected to changes in inheritance, codified by the intestate Succession Law of 1985 (PNDC Law 111), which made spouses and children the major beneficiaries of the wealth of the deceased (Apt 1996; Van der Geest 2002, 1997). Because children are privileged over members of extended kin such as the deceased's siblings and their children, children are also given the responsibility of caring for the person before he or she dies. "Why should his family take care of him [a hypothetical older man] if they won't inherit?" a minister in Kwawu asked rhetorically in a conversation in English with me, in which "family" meant the matrilineal relatives (*abusua*). Another sign of the weakening of the extended family is that parents increasingly aim to raise their own children, rather than fostering them out to their siblings, and they devote their resources to their own children, giving less to their siblings' children, who feel, in turn, less obligated to care for their parents' siblings in the future (Coe 2013; for an older study, see Oppong 1974).

Given the gendered division of labour, the shrinkage of those who would take on care responsibilities for older adults increases the burden on adult daughters, intensifying their time constraints. These households are not always connected to an international migrant. The fact that many households are struggling to care for their aging relatives makes them open to the commercialisation of elder care. Those with resources turn to paid care to resolve their elder care dilemmas. Plus, many are already employing domestic servants or bringing in foster children in their home to help with domestic labour, and so the employment of more specialised and skilled agency carers is not a conceptual or practical stretch.

6. Child fosterage & domestic service

One of the ways that women in Ghana have historically balanced income generation with social reproduction in a pro-natalist society is by parenting their younger siblings or more extended relatives who can help with domestic chores and other labour. Generally female, but sometimes male, the fostered adolescents are kin who have been taken into the household and are doing the most strenuous household tasks in exchange for some promised support in the future such as apprenticeship into a trade like sewing and hairdressing or current support for school fees (Goody 1982, Sanjek 1990). From the 1960s onwards in Accra, however, nieces and nephews have been replaced with more distant kin or even non-kin, who are treated more like domestic servants, such as sleeping and eating separately from children of the household, and are more liable to be exploited or abused than kin foster children (Ardayfio-Schandorf & Amissah 1996, Oppong 1974).[4] Furthermore, with the expansion of free education in Ghana, first to the end of basic education (nine years of schooling) in 1996 (with actual enforcement in 2005) and then to the end of secondary school (twelve years of schooling) in 2017, it has become more expected for all children to spend many years in school, making fewer children available to foster to help with social reproduction. During the 2000s, the age of most domestic servants rose to late adolescence (15+ years, after the completion of basic education) and young adulthood. These older domestic servants expect more from their patron-employers, particularly in requesting monthly pay rather than a bulk reward like a sewing machine at the end of their years of service.

Given the pressures I have described, foster children are being recruited to provide elder care. I regularly visited a blind woman named Mercy Amankwah in Akropong who was cared for by a foster child. From 2013 to 2019, when she was eighty-three to eighty-nine years old, she lived with her son; a younger brother (both men were in their sixties); a daughter; a grandson of the brother, age eleven; and a non-kin, fostered adolescent girl named Gina, age eighteen. Gina attended a day secondary school in town. A former nurse, Aunty Mercy had taken care of all six of her siblings in their childhood and youth. Her younger brother said that she had fostered him when he was fourteen or fifteen, taking him into her house and paying for his schooling; therefore, he wanted to take care of her now. All members of the household participated in Aunty Mercy's care to some extent in 2019, when she could no

[3] According to my observations from my research. I have been unable to substantiate this observation with official statistics or other academic studies, although the growing number of private institutions of higher education provide support for this phenomenon (Odjidja 2021).

[4] For a discussion of a similar process in Benin and Cameroon respectively, see Alber, 2013 and Argenti, 2010.

longer walk. The grandson checked her blood pressure daily; the daughter did the laundry; and the brother helped sort out her life insurance papers, which entailed trips to the capital Accra. Kin care from siblings, children, and grandchildren were available to Aunty Mercy, but the fostered adolescent Gina did the most difficult work of bathing her in the morning, when Aunty Mercy, usually gentle and sweet, complained angrily that Gina did not pamper *(krɔkrɔ)* her enough, as was her right as an older woman. Although Gina was not being paid a wage, she was providing her services in exchange for the payment of her schooling—the cost of being launched into successful adulthood. This relationship based on balanced exchange is easily transformed into a paid servant position, as has already happened in urban areas of Ghana.

Domestic service is usually seen as a stage in the life course appropriate for childhood and adolescence, for a young woman like Gina. Doing such work is part of what propels young people into successful adulthood and out of domestic service, not only by inculcating diligence and persistence, but also by resulting in gratitude from adults who can reward hard work. However, women at older stages of the life course are now entering domestic service. In Akropong in August 2019, I talked to four women, ranging in age from their forties to their sixties, who seem to have fallen unexpectedly into a career of paid caregiving for their neighbours. Those receiving their care had family nearby, who provided some support and care, but also needed relief, either because they were working during the day or needed to provide twenty-four hour care to their relatives suffering from dementia or a stroke.

In the urban areas, agency carers frequently express that they are viewed as domestic servants by patients, illustrating the continuities between paid elder care and longer histories of domestic service and domestic slavery in urban areas. They claim they are not respected as human beings or for their work, not trusted, and given tasks which they feel are unsuitable for their role. One agency owner complained that her workers were not given sachets of treated water in the household, but rather told to "drink from the tap." Or the clients served them cold porridge, the remains of what they had eaten. A carer from this agency reported the same concern about sachet water, telling me in an interview, "I challenged [the client]: 'You [yourself] are not taking the tap, but you want someone to take care of someone, and what happens if I am sick?'" The provision of food and drink which is the same quality as the client's is a key symbol of respect and appreciation. Fostered children similarly use food and drink to determine whether their foster parents care for them (Coe 2013).

Carers are treated like domestic servants in other ways. One carer told me, "As a home care giver, you do certain things in the house. They ask you to heat this for me. They take advantage of you. They can be abusive." It is not only the performance of household tasks that rankle carers, but also the fact that clients and their families can order them to do things in the house as they would househelp. A carer said, "You have to abide by their rules" in the house. Finally, carers, like househelp, felt that they were not trusted by household members. One carer, for example, said, "They think you want to steal or take advantage of them." Another carer was fired after a robbery of the house where she was working, because she was suspected of collabourating with the thieves. The concern for property and money arises from the anxiety generated by vastly different social and economic positions of the carers and their patients. In particular, poorer persons are living in the intimate spaces of wealthy persons: in their houses, their wealth is visible and on display, provoking jealousy or greed on the part of those who do not have it. Patients position carers in an economic and social strata similar to domestic servants and feel some of the same class anxieties about them.[5]

Similarly, in Akropong, Okromea expressed tensions with her patient's daughter Akua. She said that because Akua was paying her wages, she never said thank you or gave her gifts. Okromea remembered taking care of another man previously, and his son brought her cloth, a watch, a bag of jewelry, and other things, just as appreciation for helping his father. The week before, when Akua was staying in the house because her mother was in and out of the hospital, Akua complained that Okromea treated her mother roughly. Okromea felt that this rebuke was uncalled for, when she was doing work that Akua as the adult daughter should be doing. As a sign of Akua's dependence on her, she said, once, Okromea traveled to Kumasi and after two days, Akua was begging her to come back. Although the work is very difficult, she does not feel appreciated in this situation.

As Gibson-Graham (2006) suggests, the expropriation of profits from labour leads directly to different class statuses. Paid care in both urban and rural areas led to tensions between carers and their employers over what was being exchanged and the terms of the exchange, including whether the labour required a gift in appreciation or an agreed-upon wage. Disputes about gifts and wages with paid care also occur in Western contexts (Buch 2018), suggesting that the commodification of labour may not fully happen, perhaps particularly in care work, but possibly in other work contexts as well. In Ghana, paid care led to hybrid forms: in which Okromea suggested that her care work was too invaluable to ever be fully compensated, and in which agency carers sought to differentiate themselves from the more widely understood role and legacy of domestic servants.

7. What Role does Transnational Migration Play in the Commodification of Care?

Some of the families I knew in Akropong relying on paid caregivers had family abroad, and all of the patients of home care services whom I met had a child abroad. A few patients, in addition, were themselves return migrants, generally from Europe or North America. The return migrants also had a child abroad, but for different reasons: they had brought their children abroad with them in their own middle-age and then left them behind in the country of migration when they returned to Ghana in later life. Given that many of these older adults had three to six living adult children, only rarely did *all* of the adult children of the older patients I met live abroad. Many of the patients of nursing agencies and homes also had siblings who were alive. Some of their adult children and siblings were even living in the patient's house, because of the expense of housing in Accra. The children living in Ghana work outside the house and are often absent during the day. Because of long commutes due to heavy traffic in Accra, they could leave the house by 5am and return late in the evening, around 8 or 9 pm, when older people complained it was too late to have a meal. The child (or children) abroad tended to shoulder most of the costs of commercial care as well as expensive, imported items like adult diapers, equipment like walkers, and over-the-counter medications, mainly vitamins. To give some typical examples: one male patient lived in his house with his wife and working son, while other children resided nearby in Accra as well as abroad; he also had two domestic servants in addition to twenty-four-hour care from the agency. A female patient of another agency lived with her brother, her younger sister, her sister's husband, and her sister's grandchild. Both of her own daughters were abroad in the United States and they paid the costs of the agency to supplement the care of her sister. Another female patient of a third agency lived with her daughter who worked during the day, having moved from her own home for more care in the daughter's house; a son lived elsewhere in Accra and a daughter lived in London. Agency carers served as the primary caregivers but were often supplemented and usually closely monitored by kin caregivers who were either resident in the household or lived nearby.

The importance of the migrant abroad was not primarily that the migrant's absence created a care deficit, but that the remittances of that migrant enabled the family to purchase a luxury service, a paid caregiver trained in elder care. What the migrant abroad did was fund the services and, occasionally, particularly for those working in health care,

[5] Care workers working in care homes, on the other hand, have authority to direct the course of their work, similar to a nurse in a hospital. Because the care homes are so few in number, I have not discussed them here.

introduce and normalise a new elder care practice. As Colin Williams (2005) notes in the context of the United Kingdom, a greater proportion of domestic work is commodified in higher- than in lower-income households. Similarly, affluence in Ghanaian families, including through migrants' remittances, allowed them to purchase care, responding to a time crunch that many families felt. It was the combination of financial and social remittances from migrants (Levitt 1998) that were significant in the use of a paid caregiver, not a care deficit. The relatives in Ghana were receptive to these ideas because of the local articulations noted above, in which adult women were having increasingly having trouble balancing their income generation and care responsibilities, independent of transnational migration. That said, *urban* migration was a key element in creating care deficits, in comparison to international migration, because women had difficulty earning adequate income in less commercial towns. It may simply be that the degree of female international migration in Ghana, relative to the size of sibling sets, is simply not sufficient to generate care labour deficits.

8. Conclusions: commodification of care, capitalism, and social class tensions

As other studies have noted, capitalism is not an overpowering force, bulldozing all that it comes in contact with and turning it into the same, flat ground. It should not be reified or seen as an inevitable process. Instead, it is diverse, in which people adapt existing social relations such as patterns of attracting labour through child fosterage and domestic service in the case of Ghana. As a result, social changes in care may not even be visible to many people, because of the ways that it is accommodated to existing practices. Commodification is a response to existing social conditions, such as daughters' reluctance to take on elder care because of their own income-generating needs and because the pool of potential caregivers has shrunk because of other changes in family life. Transnational migrants contribute to the care deficits in their families, but their major significance is that they can help their relatives in solving a care crisis through their remittances. Urban migration is more significant than international migration in reducing the number of adult women in less commercial areas like Akropong, because urban areas provide more opportunities for income generation.

J. K. Gibson-Graham (2006) has done important work to indicate the ways that capitalist social relations exist alongside noncapitalist social relations and are in some ways dependent on them. Gibson-Graham defines capitalism as "a social relation, or class process, in which nonproducers appropriate surplus labour in value form from free wage labourers. The appropriated surplus is then distributed by the appropriators (the capitalist or board of directors of the capitalist firm) to a variety of social destinations" (2006, xxiv). Does paid elder care in Ghana form a capitalist social relation? Certainly, the commodification of care results in the appropriation of labour from carers, for the benefit of the patients and their families, and the owners of the agency or care home, but that surplus is not distributed to a variety of social destinations through stock markets or other means of raising capital. The main effect of the surplus is to release other family members from providing the labour of care and to maintain the owner of the business and her family. Thus, while elder care is being commodified in Ghana, it is not fully capitalist.

However, even such hybrid forms have profound effects on social class and status relations. Commodification leads to increased inequality in social relations because of the appropriation of surplus labour, in which powerful tensions erupt between carers and their employers over the meaning and value of their labour. Thus, the unintended effects of women seeking to resolve their care dilemmas through paid care leads to increased class tensions. The commodification of elder care does not lead in a straightforward manner to an expansion of global capitalism, but it does generate increased inequality.

This research illustrates that the location of research matters in what we see. Studies based on migrant care workers tend to emphasise global care chains and the needs of employers as driving the care market in the country of migration. However, this is a different dynamic from the ones affecting commercial care in countries sending migrants abroad. This study, in contrast, focuses on the historical and social context of the sending country in understanding the growth of paid care and the emergence of care workers. Studies examining the global care chain need to research both the origin and endpoint of the chain, including the players at each stage, similar to Anna Tsing's study of the global commodity chain in matsutake mushrooms (Tsing 2015).

Finally, we need more studies that explore what the commodification of care means, in understanding how capitalist and noncapitalist social relations exist, reinforce, or undermine one another. The literature on paid care giving is replete with stories of paid caregivers being "like kin" (Amrith and Coe 2022, Rollins 1985) and gifts being part of the exchange, in addition to wages (Buch 2018). What are acts of resistance to full commodification? What does the entanglement of reciprocal exchanges associated with kinship in paid care tell us about commodification's effect on social relations and subjectivities? As we tell more complicated stories about our world, we understand it better, including the effects of global processes on everyday experience.

Declaration of Competing Interest

The author declares that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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References

Aboderin, I., 2006. Intergenerational Support and Old Age in Africa. Transaction Publishers, New Brunswick.

Alber, E., 2013. Within the thicket of intergenerational sibling relations: a case study from northern Benin". In: Alber, E., Coe, C., Thelen, T. (Eds.), The Anthropology of Sibling Relations: Shared Parentage, Experience, and Exchange. Palgrave, New York, pp. 73–96.

Amrith, M., Coe, C., 2022. Disposable kin: shifting registers of belonging in global care economies. Am. Anthropol. 124 (2), 307–318. https://doi.org/10.1111/amaan.13688.

Apt, N.A., 1996. Coping with Old Age in a Changing Africa: Social Change and the Elderly Ghanaian. Avebury, Aldershot.

Ardayfio-Schandorf, E., Amissah, M., 1996. Incidence of child fostering among school children in Ghana. In: Ardayfio-Schandorf, E. (Ed.), The Changing Family in Ghana. Ghana Universities Press, Accra, pp. 179–200.

Argenti, N., 2010. Things that don't come by the road: folktales, fosterage, and memories of slavery in the Cameroon Grasslands. Comparat. Stud. Soc. History 52 (2), 224–253.

Boehm, D.A., Swank, H., 2011. Introduction: affecting global movement: the emotional terrain of transnationality. Int. Migr. 49 (6), 1–6. https://doi.org/10.1111/j.1468-2435.2011.00706.x.

Bosiot, M., Child, J., 1996. From fiefs to clans and network capitalism: explaining China's emerging economic order. Adm. Sci. Q. 41 (4), 600–628.

Buch, E., 2018. Inequalities of Aging Paradoxes of Independence in American Home Care. New York University Press, New York https://doi.org/10.18574/9781479810147.

Coe, C., 2011. What is love? The materiality of care in Ghanaian transnational families. Int. Migrat. 49 (6), 7–24.

Coe, C., 2013. The Scattered Family: Parenting, African Migrants, and Global Inequality. University of Chicago Press, Chicago.
Coe, C., 2017. Transnational migration and the commodification of elder care in urban Ghana. Identities: Glob. Stud. Cult. Power 24 (5), 542-556.
Coe, C., 2017. Negotiating elder care in Akuapem, Ghana: care-scripts and the role of non-kin. Africa 87 (1), 1–18.
Coe, C., 2021. Changes in Care: Aging, Migration, and Social Class in West Africa. Rutgers University Press, New Brunswick.
Constable, N., 2009. The commodification of intimacy: marriage, sex, and reproductive labour. Ann. Rev. Anthropol. 38, 49–64.
Dankyi, E., Mazzucato, V., Manuh, T., 2017. Reciprocity in global social protection: providing care for migrants' children. Oxf. Dev. Stud. 45 (1), 80–95. https://doi.org/10.1080/13600818.2015.112407.
Dekker, M., van Dijk, R., eds., 2010. Markets of Well-Being: Navigating Health and Healing in Africa. Brill, Leiden.
Drotbohm, H., 2009. Horizons of long-distance intimacies. Hist. Fam. 14 (2), 132–149. https://doi.org/10.1016/j.hisfam.2009.02.002.
Federici, S., 2021. Patriarchy of the Wage: Notes on Marx, Gender, and Feminism. PM Press, Oakland.
Gamburd, M.R., 2020. Linked Lives: Elder Care, Migration, and Kinship in Sri Lanka. Rutgers University Press, New Brunswick.
Ghana Statistical Service, 2012. 2010 Population and Housing Survey: Summary Report of Final Results. Ghana Statistical Service, Accra.
Gibson-Graham, J.K., 2006. The End of Capitalism (As We Knew It): A Feminist Critique of Political Economy. University of Minnesota Press, Minneapolis.
Glenn, E.N., 1992. From servitude to service work: historical continuities in the racial division of paid reproductive labour. Signs 18 (1), 1–43.
Goody, E.N., 1982. Parenthood and Social Reproduction: Fostering and Occupational Roles in West Africa. Cambridge University Press, Cambridge.
Hirsch, J.S., 2003. A Courtship after Marriage: Sexuality and Love in Mexican Transnational Families. University of California Press, Berkeley.
Hochschild, A.R., 2001. Global care chains and emotional surplus value. In: Hutton, W., Giddens, A. (Eds.), On the Edge: Living with Global Capitalism. Vintage, London, pp. 130–146.
Hondagneu-Sotelo, P., 1994. Gendered Transitions: Mexican Experiences of Immigration. University of California Press, Berkeley.
International Organisation of Migration, 2009. Migration in Ghana: A Country Profile, 2009. http://publications.iom.int/bookstore/free/Ghana_Profile_2009.pdf.
Judge, R.C., 2021. The best of both worlds": Lagos private schools as engaged strategists of transnational child-raising. J. Ethn. Migr. Stud. https://doi.org/10.1080/1369183X.2020.1857233.
Leinaweaver, J.B., 2010. Outsourcing care: how Peruvian migrants meet transnational family obligations. Lat. Am. Perspect. 37, 67–87.
Levitt, P., 1998. Social remittances: migration driven local-level forms of cultural diffusion. Int. Migr. Rev 32 (4), 926–948.
Li, T.M., 2014. Land's End: Capitalist Relations on an Indigenous Frontier. Duke University Press, Durham.
Mazzucato, V., 2008. Transnational reciprocity: Ghanaian migrants and the care of their parents 'back home'. In: Alber, E., Van der Geest, S., Whyte, S.R. (Eds.), Generations in Africa: Connections and Conflicts. Lit Verlag, Münster, pp. 91–109.
Mazzucato, V., Schans, D., 2011. Transnational families and the well-being of children: conceptual and methodological challenges. J. Marriage Fam. 73 (4), 704–712.
Murray, M.J., 1980. The Development of Capitalism in Colonial Indochina (1870–1940). University of California Press, Berkeley.
Odjidja, J., 2021. The emergence of private higher education (PHE) in Ghana: an assessment of the Internal Quality Assurance mechanisms in private universities in Ghana. University of Nottingham. PhD dissertation,.
Oleinik, A., 2004. A model of network capitalism: basic ideas and post-Soviet evidence. J. Econ. Issues 38 (1), 85–110.
Olwig, K.F., 2007. Caribbean Journeys: An Ethnography of Migration and Home in Three Family Networks. Duke University Press, Durham.
Olwig, K.F., 2014. Migration and care: intimately related aspects of Caribbean family and kinship. In: Baldassar, L., Merla, L. (Eds.), Transnational Families, Migration, and the Circulation of Care: Understanding Mobility and the Absence of Family Life. Routledge, New York, pp. 133–148.
Oppong, C., 1974. Marriage among a Matrilineal Elite: A Family Study of Ghanaian Senior Civil Servants. Cambridge University Press, Cambridge.
Parreñas, R.S., 2000. Migrant Filipina domestic workers and the international division of reproductive labour. Gend. Soc. 14 (4), 560–580.
Parreñas, R.S., 2004. Children of Global Migration: Transnational Families and Gendered Woes. Stanford University Press, Stanford.
Parreñas, R.S., 2012. The reproductive labour of migrant workers. Global Netw. 12 (2), 269–275.
Raghuram, P., 2012. Global care, local configurations – challenges to conceptualisations of care. Global Netw. 12 (2), 155–174.
Rollins, J., 1985. Between Women: Domestics and Their Employers. Temple University Press, Philadelphia.
Sanjek, R., 1990. Maid servants and market women's apprentices in Adabraka. In: Sanjek, R., Colen, S. (Eds.), At Work in Homes: Household Workers in World Perspective. American Anthropological Association, Washington DC, pp. 35–62.
Spanger, M., Dahl, H.M., Peterson, E., 2017. Rethinking global care chains through the perspective of heterogeneous states, discursive framings, and multi-local governance. Nord. J. Migr. Res. 7 (4), 251–259.
Thelen, T., 2021. Care as belonging, difference, and inequality. Oxford Res. Encycloped. Anthropol. https://doi.org/10.1093/acrefore/9780190854584.013.353.
Tsing, A., 2015. The Mushroom at the End of the World: On the Possibility of Life in Capitalist Ruins. Princeton University Press, Princeton.
Twum-Baah, K.A., 2005. Volume and characteristics of international Ghanaian migration. In: Manuh, T. (Ed.), At Home in the World? Sub-Saharan Publishers, Accra, International Migration and Development in Contemporary Ghana and West Africa, pp. 55–77.
Ungerson, C., 2000. The commodification of care: current policies and future politics. In: Hobson, B. (Ed.), Gender and Citizenship in Transition. Routledge, New York, pp. 173–200.
Van der Geest, S., 1997. Money and respect: the changing value of old age in rural Ghana. Africa 67 (4), 534–559.
Van der Geest, S., 2002. Respect and reciprocity: care of elderly people in Ghana. J. Cross Cult. Gerontol. 17, 3–31.
Van der Geest, S., 2016. Will families in Ghana continue to care for older people? Logic and contradictions in policy." In: Hoffman, J. Pype, K. (Eds.) Ageing in Sub-Saharan Africa: Spaces and Practices of Care. Bristol: Polity Press, Bristol, pp. 21-42.
Watts, M., 1983. Silent Violence: Food, Famine, and Peasantry in Northern Nigeria. University of California Press, Berkeley.
Williams, C., 2005. A Commodified World? Mapping the Limits of Capitalism, Zed, London.
World Bank, 2011. Migration and Remittances Factbook 2011, 2nd Edition. The World Bank, Washington DC.
Yarris, K.E., 2017. Care Across Generations: Solidarity and Sacrifice in Transnational Families. Stanford University Press, Stanford.
Yeates, N., 2005. A global political economy of care. Soc. Policy Soc. 4 (2), 227–234.
Yeates, N., 2009. Globalising Care Economies and Migrant Workers: Explorations in Global Care Chains. Palgrave Macmillan, New York.
Yeates, N., 2012. Global care chains: a state-of-the-art review and future directions in care transnationalisation research. Global Netw. 12 (2), 135–154.